



DEPARTMENT OF FINANCIAL SERVICES
Division of State Fire Marshal

APPLICATION FOR STATE EXPLOSIVE PERMIT
BUREAU OF FIRE PREVENTION
REGULATORY LICENSING SECTION

Return to: Revenue Processing Section
P. O. Box 6100
Tallahassee, FL 32314-6100

In compliance with Chapter 552, Florida Statutes, application is hereby made for a State Explosives Blaster's Permit.

<input type="checkbox"/>	Explosives Blaster's Permit	Type 09 Class 06	F/T L	Fee: \$50.00
<input type="checkbox"/>	Examination Filing Fee	Type 07 Class 07	F/T F	Fee: \$30.00

Make Check Payable to the "State Fire Marshal" Total Fee(s) Submitted: \$

1. Name: _____

2. Home Address: _____
 Number _____ Street _____
 City _____ County _____ State _____ Zip Code _____

PERSONAL DESCRIPTION OF QUALIFYING INDIVIDUAL:

3. Height: _____ Weight: _____ Color of Hair: _____ Color of Eyes: _____ Sex: _____ Race: _____

Social Security Number: _____ Date of Birth: _____ State of Birth: _____

Identifying Marks: _____

Home Phone Number: _____

4. Have you ever been convicted of a felony? Yes No

5. If the answer to the above question is yes, have your been pardoned or have your civil rights been restored?
 Yes No

6. Have you ever been adjudicated mentally incompetent? Yes No

7. If the answer to the above question is yes, have your civil rights been restored? Yes No

****THE REVERSE SIDE OF THIS FORM MUST BE COMPLETED IN DETAIL****

Business/Applicant Name: _____

8. Previous Employer and Permit Number: _____
(If Applicable)

9. PERMIT REQUESTED TO BE ISSUED UNDER THE USER LICENSE AS LISTED:

Firm Name or Individual: _____
(Must be completed as indicated on User License)

Address: _____

Telephone Number:

Valid User License Number (07 06):

Qualifier Name: _____

10. Submit a current photograph with this application.

FINGERPRINT CARD AND PHOTOGRAPH MUST ACCOMPANY APPLICATION

I certify that I understand the Blaster's Permit, if issued, remains valid only while I am employed by the above licensed User of Explosives.

Signature of Applicant

Sworn to and subscribed before me this _____ by _____
Day, Month, Year

who is personally known or who has produced _____ as identification, and who has has not taken an oath.

Seal _____ Notary Signature _____

Notary Signature

Type, Print or Stamp Name

I hereby certify that the person whose name appears on this application for a State Blaster's Permit is currently employed. I further certify my understanding that this permit must be retained by me and returned to the State Fire Marshal when such employment is terminated.

Signature of License Qualifier _____

Sworn to and subscribed before me this _____ by _____
Day, Month, Year

who is personally known or who has produced _____ as identification, and who has has not taken an oath.

Seal _____ Notary Signature _____

Notary Signature

Type, Print or Stamp Name